

Department Of Medical Assistance Services (DMAS)
Intensive Rehabilitation Physician Plan of Care Review

(Instructions for the completion of this form are located on the reverse side)

Per 42 CFR 456.80, the physician plan of care must be reviewed at least every 60 days, to include orders for medications, rehabilitative therapies, treatments, diet, and other required services such as psychology, social work, therapeutic recreation, etc.

NOTE: Please indicate if additional orders will be attached to this form by marking the appropriate box.

I. Patient's Name: _____

II. Medications: supplemental order sheet for medications attached

III. Rehabilitative Therapies:

- P.T.
- O.T.
- SLP
- Cognitive Rehab

IV. Treatments: supplemental order sheet for treatments attached

V. Diet:

VI. Other Services:

- Psychology
- Social Work
- Therapeutic Recreation

VII. I certify that the above plan of care orders have been reviewed and medically necessary for this patient.

Physician Signature

(month/day/year)

Instructions for Completion of the DMAS Intensive Rehabilitation Physician Plan of Care Review Form

- I. Fill in patient's full (first and last name) name.
- II. List all medications, including PRN medications. Must include name of drug, dosage, route, frequency, and duration, as applicable.
- III. For each therapy that continues to be medically necessary, indicate by placing a check mark (√) next to the appropriate therapy.
- IV. List all specific medical treatments that continue to be medically necessary.
- V. List the diet and any specific restrictions (i.e.: ADA diet, no salt, etc.)
- VI. For any other services (i.e.: psychology, social work, or therapeutic recreation), indicate by placing a check mark (√) next to the appropriate service.
- VII. The physician must fully sign and fully date (month/day/year) his/her signature. Only the physician can date his/her signature.

***This form serves as the instructions for completion of the 60-day physician review of the plan of care. The physician must complete this form to meet plan of care documentation requirements for the intensive rehabilitation program.**

NOTE: If any additional orders are attached to this form, the orders must be referenced on the review form by checking the appropriate box provided. Any additional orders must be maintained in the medical record along with this form.